

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

APPLICATION INSTRUCTIONS FOR SPEECH-LANGUAGE PATHOLOGY LICENSE

The requirements noted below are for general information only. Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you. Applications will be reviewed by the Board only after all required documentation has been received.

Definitions

"Speech-language pathologist" means a person who meets the requirements of Idaho law, is duly licensed, and who engages in the practice of speech-language pathology.

"Speech-language pathologist aide" means a person who meets the requirements of Idaho law, is duly licensed, and who works under the direction and supervision of a speech-language pathologist. A speech-language pathologist aide shall not act or provide services independently of a supervising speech-language pathologist licensed in Idaho.

"Speech-language pathologist assistant" means a person who meets the requirements of Idaho law, is duly licensed, and works under the direction and supervision of a speech-language pathologist. A speech-language pathologist assistant shall not act or provide services independently of a supervising speech-language pathologist licensed in Idaho.

"Practice of speech-language pathology" means the application of principles, methods and procedures of measurement, evaluation, testing, counseling, rehabilitation, screening, consultation and instruction that relate to the development and disorders of human communication including, but not limited to, speech (articulation, fluency, voice, accent reduction) and language, swallowing, cognitive communication disorders, augmentative and alternative communication systems and related hearing disorders.

License Requirement

Except as otherwise provided by law, it shall be unlawful for any person to engage in the practice or to perform or offer to practice speech-language pathology unless such person is duly licensed. A license issued by the Board shall be posted in the licensee's established place of business or carried upon the person, and shall be presented as proof of licensure upon demand.

It is unlawful for any person or business entity, or its employees, agents or representatives, to use in connection with his or her name, or name of activity of the business, the words "speech pathologist," "speech therapist," "speech correctionist," "speech clinician," "language therapist," "language pathologist," "voice therapist," "voice pathologist," "logopedist," "communicologist," "aphasiologist," or any other title, abbreviation or insignia indicating or implying directly or indirectly that such person, business entity, employee, agent or representative is engaged in the practice of speech-language pathology, unless such services are provided by a speech-language pathologist licensed in accordance with Idaho law or lawfully exempt pursuant to section 54-2905(1)(c), Idaho Code.

Qualifications for licensure

(1) To be eligible for licensure the applicant shall:

- (a) File a written application with the board. A nonrefundable application fee shall accompany the completed application.
- (b) Provide documentation satisfactory to the board that the applicant possesses

For a speech-language pathologist - a master's or doctoral degree from a nationally accredited school of speech-language pathology with a curriculum acceptable to the board.

For a Speech-language pathologist aide - a baccalaureate degree from a nationally accredited school of speech-language pathology with a curriculum acceptable to the board.

For a Speech-language pathologist assistant - an associate's degree from a nationally accredited school of speech-language pathology with a curriculum acceptable to the board.

- (c) Pass national Praxis speech-language pathologist examination or other appropriate examination approved by the Board;

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- (d) Have never had a license for speech-language pathology revoked as part of disciplinary action from this or any other state and shall not be found by the board to have engaged in conduct prohibited by section 54-2923, Idaho Code, provided however, the board may take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- (2) The applicant shall disclose on his written application:
- (a) Any criminal conviction or charge, other than minor traffic infractions, against the applicant;
 - (b) Any disciplinary action taken against the applicant by any professional regulatory agency, including any agency within the state or any other state; and
 - (c) Any denial of registration or licensure by any state or district regulatory body.
- (3) The board may require an applicant to be personally interviewed by the board or a designated committee of the board. The interview shall be limited to a review of the applicant's qualifications and professional credentials.

Provisional permit.

The board may issue a provisional permit to allow a person to engage in the practice of speech-language pathology while completing either the required postgraduate experience or a comparable experience as part of a doctoral program in speech-language pathology as required by Idaho law. The holder of a provisional permit may practice only while under the supervision of a person fully licensed under Idaho law. (See Rule 450.) Please use the Provisional Permit Application form.

Dual licensure.

A person may be licensed as both an audiologist and a speech-language pathologist if such person duly meets the requirements of licensure for both. A person obtaining licensure as both an audiologist and a speech-language pathologist shall be charged fees as though the person had obtained only one (1) license.

Fees

The appropriate fees must be attached to each application. Application fees are not refundable.

Application fee	\$30.00
Original License	\$100.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special examination accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
E-mail - shs@ibol.state.id.us
Web site – www.ibol.idaho.gov/shs.htm

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY LICENSE

I hereby submit my qualifications and application for a license to practice as a (please check one)

1. **Full Name** (Mr., Mrs., or Ms.) _____

3. Business address

Street/PO Box	City	State	Zip
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4. **Date of Birth** ____/____/____ **Place of Birth**____ **Social Security No.** ____/____/____
mm dd yyyy

(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____

6. **Associates degree from** _____ **on** _____ / _____ / _____ **with Major in** _____

7. **Baccalaureate degree from** _____ **on** ____/____/____ **with Major in** _____

8. **Masters degree from** _____ **on** ____/____/____ **with Major in** _____

9. **Doctorate degree from** _____ **on** _____ / _____ / _____ **with Major in** _____

You must provide documentation satisfactory to the board that the you possesses the appropriate degree from a nationally accredited school of speech-language pathology with a curriculum acceptable to the board. Official university/college transcripts noting that the degree has been conferred must be received by this office directly from the school registrar.

10. **Prior to July 1, 2006**, the board may deem other education or examination equivalent to licensure requirements, provided that the board is satisfied, and you provide documentation acceptable to the board, that you:

- (a) Have engaged in the practice of speech-language pathology in this state prior to July 1, 2005, as provided in administrative rules; and
- (b) Have practiced for not less than five (5) years in the field for which you are applying for licensure; and
- (c) Your completed application for licensure is received prior to July 1, 2006.

If you received your professional education outside of the United States, the board may deem such education acceptable. You must provide documentation acceptable to the board, that equivalent education requirements have been met. The board, in its discretion, may require that you provide additional information concerning such professional education. The board may also, in its discretion, require successful completion of additional coursework before proceeding with the application process.

11. **Have you ever taken the National PRAXIS Examination for Speech-Language Pathology?** []Yes []No
(If Yes, we must receive official certification from the interstate reporting service or official Certification of Clinical Competence from the American Speech-Language-Hearing Association (ASHA) before your application will be processed.)

12. **Have you ever taken any examination for SLP Aide or Assistant?** []Yes []No
(If Yes, we must receive official certification from the examination provider before your application will be processed.)

13. **Are you currently or have you ever been licensed in another state?** []Yes []No
(If Yes, certification of licensure must be received directly from the issuing authority before your application will be processed.)

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14. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?** [☐ Yes [☐ No
(If Yes, a copy of the charges and the final order must be received before your application will be processed.)
15. **Have you ever voluntarily surrendered a license, certification, or registration?** [☐ Yes [☐ No
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)
16. **Have you ever been convicted of any State or Federal felony?** [☐ Yes [☐ No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

AFFIDAVIT

I hereby attest under penalty of perjury that the responses provided and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Laws and Rules and those ethical standards adopted by the Board that govern the practice for which I am applying. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

You will be notified of your application's status by mail. Please do not phone the Bureau.